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HAMMOND, William A. *lexander*, 1828-1908.  
The non-asylum treatment  
of the insane. 1879

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INSANE ASYLUM REFORM.

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I.  
THE NON-ASYLUM TREATMENT  
OF  
THE INSANE

BY

WILLIAM A. HAMMOND, M. D.

PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE  
MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF  
NEW YORK AND IN THE UNIVERSITY OF VERMONT,  
ETC., ETC.

*Read by invitation before the Medical Society of the State of New York,  
February 5th, 1879, and reprinted from the Transactions*

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NEW YORK  
G. P. PUTNAM'S SONS  
182 FIFTH AVENUE  
1879





# THE NON-ASYLUM TREATMENT OF THE INSANE.\*

By WILLIAM A. HAMMOND, M. D.

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NOTE.—The foot notes contained within brackets, [ ], have been added since this paper was read before the State Medical Society. They are simply elucidative of the text.

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IT is the commonly received opinion among physicians and the public generally that as soon as possible after an individual becomes insane, he or she must be at once placed under the restraint of a lunatic asylum. No matter what the type of mental aberration, no matter what the facilities for receiving care and attention at home, the asylum is regarded as the necessary destination of the one so unfortunate as to be deprived wholly, or in part, of the light of reason. For this state of affairs the medical officers of insane asylums are mainly responsible, for they have very diligently inculcated the idea that they alone, by education, by experience and by general aptitude, are qualified to take the medical superintendence of the unfortunate class of patients in question, and that restraint and separation from friends and acquaintances are measures in themselves which are specially curative in their influence.

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\* Read by invitation before the Medical Society of the State of New York February 5th, 1879.

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It will be among the chief objects of this memoir to show that these views are erroneous; that the medical profession is, as a body, fully as capable of treating cases of insanity as cases of any other disease, and that in many instances sequestration is not only unnecessary but positively injurious.

It is very certain that the early recognition of insanity is often a point attended with very considerable difficulty, for here the physician requires the full use of his common sense, his powers of discernment and his medical knowledge. And yet it is just here that the asylum physician is almost entirely without experience, and that the services of the general practitioner are most frequently brought into requisition. [\*] It is he who has to determine whether the mind, trembling as it were on the border-land, has passed over into the darkness and sorrow of insanity, or only suffers some temporary deprivation of light from functional cause; he has to decide between an attack of passional excitement and one of acute mania; he has to estimate at their full value what may be merely erroneous beliefs or insane delusions. To say, therefore, that merely because he is a general practitioner he is not competent to continue the treatment of a case of insanity, or fitted by mental organization to assume the charge of such a case, is a false view, which interested parties have sedulously kept alive for their own aggrandizement, and is one contrary to the principles of common sense and experience. [†]

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[\* A physician who had been for many years connected with a very large lunatic asylum informed me that he had never, with all his experience, seen a case of general paralysis of the insane in the very first stage.]

[† It is a well-known fact, but one which is carefully kept in the background, that many superintendents of lunatic asylums had no practical experience with



As further supporting this opinion, we have only to call to mind the fact that some of the most eminent alienists of modern times have never been connected professionally with lunatic asylums. Rush, whose work on the mind can even at the present day be read with interest and profit, was never physician to a lunatic asylum, but yet he did more in his writings to advance the science of insanity than all the combined superintendents of asylums in this country have done since his time. Griessinger, while he lived, the leading authority in psychological medicine, not only in Germany but in the world, was never physician to a lunatic asylum. To be sure he had at one time the charge of an institution for the education of idiots, but I believe it has been decided by the body of insane asylum superintendents that idiocy is not insanity, and in accordance with that dictum Dr. Wilbur, of Syracuse, is ostracised from their communion. And then, in our very midst, we have Clymer, Seguin, Spitzka and Beard in New York, Mitchell in Philadel-

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or theoretical knowledge of insanity before being, by social or political influence, placed in charge of some large institution containing hundreds of insane persons. This is the case notably in the States of New York and North Carolina. In the instance of the asylum at Raleigh—I quote from a biographical notice written by the incumbent himself, and contained in the "Physicians and Surgeons of the United States," Philadelphia, 1878, p. 98—it appears that the phenomenal individual in charge had been a lawyer, a teacher, a Superior Court clerk, a physician practicing three years, a captain in the Confederate army, twice a member of the Legislature, a member of the Constitutional State Convention, an aide-de-camp to the Governor with the rank of colonel, and that then, declining "many offers of distinguished political positions, including that of Lieutenant-Governor," he accepted the office of superintendent of the insane asylum at Raleigh, the duties of which, it is further stated, he performs to the satisfaction of both political parties! This, I admit, is an extreme case; that it is a possible one is disgraceful to all concerned.

In the New York instance the superintendent desired to go to the Legislature, but this idea not being agreeable to the political managers, and there being no other office for him, he was made superintendent of the City Lunatic Asylum on Blackwell's Island, an institution containing over six hundred insane women.]

phia, Miles in Baltimore, Jewell in Chicago, and many others in various parts of the country, assiduously giving attention to the science and art of psychiatry and all unconnected with lunatic asylums.

There is nothing surprisingly difficult, obscure or mysterious about diseases of the brain which can only be learned within the walls of an asylum. Like other morbid conditions they require to be studied, but they are as easy of recognition and are of as uncomplicated therapeutics, as diseases of the heart and lungs. What would be thought of those who should assert that no physician was competent to treat phthisis, unless he had previously qualified himself by being connected with a hospital for consumption, or of those who would deny the capacity to properly manage a case of cancer to him who had not been attending surgeon to a tumor dispensary? Undoubtedly, if our asylums were properly organized, medical connection with them could scarcely fail to be advantageous both to physicians and patients; and even under the present system, bad as it is, the subordinate medical officers and some superintendents have opportunities for readily acquiring a knowledge of psychological medicine, which would otherwise be more difficult of attainment. But it must be confessed that up to the present time, so far as our own country is concerned, the contributions to the science of the mind in health or disease, from medical officers of asylums have been few, and for the most part of little value. That this is more the fault of the system than of the men, scarcely requires assertion. The current of their lives does not run in the channels of science, and hence aside from the writings of Brigham, Ray and

Earle, the rest are hardly up to the level of ordinary medical periodical literature. In general medicine and surgery and in many medical and surgical specialties, hospital physicians and surgeons are not behind their brethren in the importance of their contributions to the sciences they represent, but in cerebral medicine the most valuable monographs and systematic treatises have come from those who have not been physicians to hospitals for the insane.

It appears, therefore, that with but few exceptions, asylum physicians in this country have not devoted themselves specially to the scientific study of the very important class of diseases with which their patients are affected. Doubtless experience has taught them much that is valuable, but it is only necessary to visit any large asylum to perceive that the therapeutics run in ruts which routine has cut, and that little or no effort is made to inquire into the normal cerebral organization of each particular patient, the character of his or her intellect, emotions and volitional powers, the existence or non-existence of disease in other parts of the body which may act as an exciting or predisposing cause of the cerebral disorder, etc., etc. For this state of affairs the medical officers are scarcely to blame, for how can the three or four physicians composing the staff of an asylum do more than obtain a very superficial knowledge of the clinical history of their patients, or effect more in the way of medical treatment than to meet indications and emergencies as they arise?

In the matter of detecting feigned cases of insanity, it does not appear that asylum physicians are any more expert than those medical men who have not had the advantage of hospital experience in the management of lunatics.

This is no fault of theirs. In the very nature of the affection, insanity is a disease which any intelligent and shrewd person can successfully feign when there is a special object for perpetrating the fraud. We all know, how only a few years ago, a newspaper reporter pretended to be a lunatic, was certified to be one by two respectable physicians, was committed to an asylum by the court, then carried out his imposture successfully for several weeks, and was finally discharged cured, to write a book detailing his experience. Would this be possible with diseases of the heart or lungs, or kidneys?

I feel therefore justified in making the assertion, and I do so with a full sense of its importance, that a general practitioner of good common sense, well grounded in the principles of medicine, with such a knowledge of the human mind and of cerebral physiology and pathology as can be obtained by study, and familiar with all the clinical factors in his patient's history, is more capable of treating successfully a case of insanity than the average asylum physician.

If this opinion is correct, there is obviously nothing to be gained, so far as the medical treatment of an insane person is concerned, by sending him or her to a lunatic asylum.

But if not necessary on the score of strictly medical management, is not sequestration desirable for other reasons intimately connected with the welfare of the patient? On this point I will make a few quotations from acknowledged authorities before proceeding to state my own views.

Maudsley\* says, speaking of the system of indiscriminate

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\* The Physiology and Pathology of the Mind. London, 1867. p. 424.

sequestration—of locking up a person in an asylum simply because he is mad.

“The principle which guides the present practice is, that an insane person, by the simple warrant of his insanity, shall be shut up in an asylum, the exceptions being made of particular cases. This I hold to be an erroneous principle. The true principle to guide our practice should be this, that no one, sane or insane, should ever be entirely deprived of his liberty unless for his own protection or for the protection of society. Therefore, instead of acting on the general principle of confining the insane in asylums and making the particular exceptions, we ought to act upon the general principle of depriving no one of his liberty, and of then making the numerous exceptions which will undoubtedly be necessary in the cases of insane persons as in the cases of criminals. \* \* \*

“If any one says that on admission of these principles the practical result as regards the insane would be very much what it is now, for they would practically embrace so many of them that the exceptions would be few, I question the assertion, and I venture to assert in opposition to it, that there are many chronic and incurably insane persons neither dangerous to themselves nor to others, who are at present confined in asylums, and who might very well be at large. But they are kept in asylums because they have once been put there; because it is sometimes desirable that their existence should not be known to the world; because they cost less there than they would if in private houses; because they are well taken care of there; because it is heedlessly taken for granted that it is no injustice to confine

them there so long as they are mad, and for many other like reasons. But the fundamental reason which inspires all these other reasons, and without which they would want firm root, is, that the world has grown to the fashion of thinking that madmen are to be sequestered in asylums, and cannot now, with every desire to be sincere and unbiassed, conceive the possibility of a different state of things. Even those devoted men who labored so well to effect the abolition of restraint within asylums never dreamt of the abolition of the restraint of asylums. \* \* \*

"Another objection to the liberation advocated will be that the insane in private houses will not be so well cared for as they are, nor have any more comfort than they now have in well-conducted asylums. The quarter from which this objection is urged taints it with suspicion. I never heard it put forward but by those who are interested in the continuance of the present state of things. Those who make it appear to fail entirely to appreciate the strength of the passion for liberty which is in the human heart; and, as I feel most earnestly that I should prefer a garret or a cellar for lodgings, with bread and water only for food, than to be clothed in purple and fine linen and to fare sumptuously every day as a prisoner, I can well believe that all the comforts which the insane person has in his captivity, are but a miserable compensation for his entire loss of liberty: that they are petty things which weigh not at all against the mighty suffering of a life-long imprisonment. I would put it to those who lay stress on the comforts of asylums whether they sufficiently consider the discomforts of them apart from the imprisonment which they are from the na-

ture of the case. Is it not a common thing to hear from an insane person bitter complaints of the associations which he has in the asylum, and of the scenes of which he is an unwilling witness—scenes which cannot fail to occur, notwithstanding the best classification, where all sorts and conditions of madness are congregated together? What again can be considered more afflicting to a man who has any intelligence or sensibility left, than the vulgar tyranny of an ignorant attendant—a tyranny which the best management cannot altogether prevent in a large asylum? And I might go on to enumerate many more of the unpreventible miseries of life in an asylum which, when superintendent of one, forced themselves painfully on my attention, and often made me sick at heart.

“Those who advocate and defend the present asylum system should not overlook these disadvantages; they should not forget that there is one point of view from which they who organize, superintend and act, regard the system, and that there is another point of view from which those who are organized, superintended and suffer, view it.”

No language of mine could be stronger than this. It is emphatic, distinct, and to the point, and coming as it does, from one who stands in the very front rank of psychological physicians, himself late the superintendent of a large asylum, and whose associations, medical and social, are most intimately connected with the subject, is extremely significant.

Dr. Blandford \* says after mentioning former practices, “Now from all asylums patients are sent to the seaside, to

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\* *Insanity and its Treatment*, etc. Edinburgh, 1871, p. 370.

the theatre, the picture galleries; each proprietor vies with his fellows in providing recreation and entertainment for his patients, in proving in fact how little they need the restraint of an asylum. There will always be a certain number who cannot be allowed so much liberty, who cannot be taken to the seaside, who cannot even walk beyond the bounds of the asylum grounds, whose life is one incessant struggle to escape by fraud or force, or execute perchance, some insane project fraught with danger to themselves or others. Some then will be whose limited means procure for them greater luxury and enjoyment amongst the numerous boarders of an asylum, than could be afforded were they placed alone in a private family. But there are many with ample means, patients who make the fortunes of asylum proprietors, whose lives would be infinitely happier did they live beyond asylum walls."

Dr. Dickson \* says: "As a matter of principle I should strongly recommend that a patient should never be sent to an asylum if such a course can be avoided. There is no law prohibiting the treatment of a patient at home. The lunatic is not a criminal to be put under locks and bonds; and it is only when he disturbs the public peace, or when by cruel or unusual treatment, other people infringe the law as regards him, that authority can interfere in his behalf."

Dr. C. Pinel † while contending for the general principle that lunatics should be sequestered, admits that the excep-

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\* The Science and Practice of Medicine in Relation to Mind, etc. London, 1874, p. 389.

† De l'isolement des aliénés. *Journal de médecine mentale*, t. I, Paris, 1861, p. 80.



tions are many. "Every rule" he says: "has its exceptions and we should at least in the beginning, when the disease is recent and not of grave character, give the patient the opportunity of remaining in his own house. Thus a light degree of maniacal excitement, a restricted monomania, a moderate degree of melancholia, certain kinds of hallucinations and false conceptions not relating to the family, hypochondriacs, subjects of dementia, etc., may properly remain at home."

In treatment at home, he continues, "if the attentions of the relatives are well received, taken at their just value, accepted with gratitude, eagerly desired; it would be inhuman, indiscreet, and not in accordance with sound medical science to deprive him of them. Nothing can replace, nothing equal the tender devotion, the affectionate solicitude of the family. Many times we have been the witness of the inestimable benefit of these moral and physical aids, and it is for us a sacred duty in the absence of the most imperious necessity not to separate the lunatic from them."

Dr. Maudsley, Dr. Blandford, Dr. Dickson and Dr. Pinel are, or have been superintendents of lunatic asylums; the three first are teachers of psychological medicine in prominent London medical schools, and hence their authority to speak intelligently on the subject will not, I presume, be questioned in any quarter.

On the other hand, there are many writers, almost all of them superintendents, who regard sequestration as in itself a curative measure of the first importance, and who, therefore, insist that the first thing to do with a lunatic is to remove him from the care and association of his friends, and

to deprive him of his liberty by placing him under the restraint of an asylum.

Now, what is there in an asylum that is especially curative? We have seen that it is not the medical attendance, and the quotations from the eminent physicians given show that there is nothing in the mere act of sequestration which is otherwise than injurious. Asylums are not curative any more than are other hospitals. They are better for some patients—those who cannot be properly taken care of at home—as our present system is organized, and they are places where lunatics who are dangerous to themselves or others can be kept with some approach to safety.

I say "some approach," for we know from almost daily experience that suicides and homicides of startling character are common enough even within the walls of asylums. [\*] But for those who have the comforts of a home and good medical attendance, and for those who are not likely to do harm to themselves or others, they are evils, and the sooner this fact is recognized the better it will be for

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[\* In the New York City Lunatic Asylum on Ward's Island, within a period of about a year, four homicides have occurred. In one of them a patient was beaten to death by an attendant, in another an attendant was killed by a patient, in the third a patient was thrown off the wharf and drowned by another patient, and in the fourth one lunatic was ordered to give a hot bath to another, not only insane, but paralyzed. After getting him into the bath-tub he turned on the hot water and walked away, leaving the poor wretch to be literally boiled to death; which he was.

In the Minnesota asylum at St. Peter, a patient who refused to eat had his mouth filled with food by a nurse and the mess pushed down into his stomach with the handle of a knife, while another nurse held him down. On one occasion he ran away, yelling that they wanted to kill him. He was caught and laid on a bench. One attendant held his hands and sat across his body; another attendant and a patient helped to hold him; his mouth was plugged to prevent his closing it. The food (soup) was poured in from a pitcher; his breath was heard to "gurgle" as the soup went into his windpipe, and in five minutes he was dead. It would be easy to cite other cases which have occurred within the last few months.]

the patients and the public. I admit that at present they are necessary evils, and perhaps under some form or other they will continue to exist, but that form will, I think, be very different from the one which now prevails.

The patients for whom lunatic asylums are particularly deleterious are those who display mild forms of mental derangement, who are capable of reasoning logically in regard to most of the circumstances presented to their minds, and who are enabled to control themselves to such an extent as to prevent the exhibition of themselves in ridiculous, violent or degrading aspects. Such persons feel very acutely the injustice and disgrace of incarceration. They know they are not dangerous to themselves or others, and the deprivation of their liberty they regard as cruel and uncalled for. The violent rupture of social and family ties is especially injurious to those patients, and the association which they are compelled to have with lunatics far more profoundly affected than themselves cannot but have, as Maudsley says, a highly pernicious influence upon them. [\*]

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[\* As this paper is passing through the press the following instance of the apparently unwarrantable incarceration of a harmless monomaniac is published. (*New York World*, Feb. 14th, 1879):

"A STRANGE HALLUCINATION.

"NEWBURGH, February 13.—George A. Ormiston was yesterday taken to the Hudson River State Hospital at Poughkeepsie on an order issued by County Judge Brown, a commission to inquire into his sanity having pronounced him a monomaniac. Ormiston believes that all his thoughts are known by others. He imagines he is suffering from a disease of the head by which his thoughts escape him through his nostrils and ears, and that every person can tell what he is thinking about. To prevent this he keeps his nostrils and ears plugged with cotton, but seems to do him no good. When he imagines his thoughts are thus escaping he shuts his eyes and goes through all sorts of facial contortions in order to stop them. He is apparently sane in everything else."

What business had these people to deprive this man of his liberty on no other grounds than those set forth? On its face the whole proceeding was an outrage. The subject of it had the right to say whether he would go to the asylum or not; but because he had a delusion which concerned no one but himself, he is shut up during the pleasure of those who ought to have protected him, to the detriment of his chances of recovery.]

Again, the mere fact that a lunatic, although harmless, and conducting himself in a manner not to outrage the common decencies of life, may have one or more habits in themselves bad, is not sufficient ground for depriving him of his liberty. A man, for instance, may have an innocent delusion, or be somewhat deficient in intelligence, and he may keep a mistress, or he may occasionally indulge to excess in intoxicating liquors. In these respects he is no worse than hundreds around him; he knows this, and to incarcerate him for these improprieties is surely making use of the asylum in a way to enforce morality, for which, in my opinion, there is no justification. Taking such a person from his mistress is simply to drive him to masturbation, a practice which all the watching and all the mechanical restraint yet devised cannot prevent.

In a very excellent lecture on *The Treatment of Mild cases of Melancholia at Home*, Dr. E. C. Seguin shows how successfully the patients he refers to can be managed without having recourse to an asylum.\*

Several years ago I wrote as follows,† and subsequent experience has only tended to confirm the correctness of the views then enunciated.

“It is not always necessary to confine him (the lunatic), in an asylum, but it is necessary in the great majority of cases to place him in such a situation as will secure for him safety, the companionship of sensible people, and the influence and control of some one skilled in the philosophy of the human mind, in the anatomy and physiology of the

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\* A series of American Clinical Lectures, Vol. II, No. III, 1876.

† A Treatise on the Diseases of the Nervous System, Sixth edition. New York, 1876 p. 375.

brain and nervous system and in medical science generally. The great difficulty with asylums is that they contain only insane people, and the prevalent idea among the public—and it is often carried out by the officers of the asylums—is, that institutions for the insane are simply places in which dangerous or troublesome maniacs are to be kept in safety. My own idea is that the best of all places for a lunatic of any kind, is the family of a physician; of such a one as I have just mentioned. The association of an insane person day after day, year after year, with others similarly affected, with scarcely the least contact with people of sound minds, is certainly in opposition to the first principle of true psychological medicine.”[\*]

Now what “companionship with sensible people” has the lunatic immured within the walls of an asylum? What “control of some one skilled in the philosophy of the human mind,” etc.? Even if the superintendent be such a person, the other duties which under our present system fall to his lot, prevent his having any intimate acquaintance with those under his charge. Only recently an inmate of a lunatic asylum in this State, one who for many years had been, as it subsequently appeared, improperly detained,

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[\* Many persons affected with what is called “reasoning mania,” (the *manie raisonnée* of the French), are incarcerated in asylums not because they are dangerous to themselves or others, or to the property of themselves or others, or for the purpose of being cured, but simply because they are troublesome or disagreeable. That they are both of these is certainly true, but it appears to me that the asylum is perverted from its true purpose when it is made the receptacle for such persons. They are never improved by asylum treatment, and they are a nuisance to the other inmates. One poor lady, a patient of my own, after her release from an asylum, whither she had been sent for a mild form of melancholia which was aggravated by her confinement, informed me that the great horror of her asylum life was the forced companionship of one of those irrepressible lunatics from whom there was no escape. It is scarcely possible for us to conceive of the degree of mental torture suffered by this unfortunate lady.]

brought action in the courts for her discharge. She was examined by several competent physicians, and after a patient investigation the jury reported her sane, and the judge ordered her release. Now, though this lady had been, for I think seven years, an inmate of the asylum in question, the superintendent informed one of the medical gentlemen who went to the asylum under an order of the court to examine her, that he did not know there was any such person under his charge as the one named and described.

I am decidedly of the opinion that there are no lunatics no matter how dangerous or troublesome, who would not be better cared for under the family system than within the walls of any lunatic asylum, and it is a great satisfaction to perceive that this system is being gradually developed in this country. There are now many physicians who receive one, two, or perhaps even half a dozen insane persons into their families, and who give their undivided attention to their patients. While the mild cases can be best cared for at home, under certain circumstances, the severe or chronic ones are more advantageously managed by being subjected to the supervision of a physician who takes them into his family. All those who refuse food, who have homicidal or suicidal tendencies, or delusions or morbid impulses, which prompt them to the destruction of property, or to other acts of violence, should be sequestered. If circumstances admit, the best form of sequestration is that which I have mentioned, but for the poor, public asylums will probably always be required, and there will also constantly be others whose friends though pecuniarily able, will not be willing to incur the expense attendant on the family system, and who there-

fore, will have to be sent to the former institutions. But hospitals of all kinds are to some extent evils. Sir James Pringle pronounced them the great cause of mortality in armies, and in our own day Sir James Simpson and others have pointed out the dangers attendant on them. The mere condition of crowding is bad. If therefore, more asylums are to be built, they should be constructed after a different system from that which now prevails. An aggregation of small isolated houses, each one not containing more than a half a dozen patients, would be the best plan, not only hygienically, but, by admitting of sharp classification and more thorough supervision, the best in other respects.[\*]

And in regard to the medical organization of insane asylums, there can be no good reason why it should differ from that of other hospitals. Each should have its corps of visiting physicians and surgeons and its residents, instead of being placed under the control of one man whose multitudinous duties with legislatures, visitors, farms, and other non-medical matters prevent him giving the proper time and attention to his specific obligations. By this plan to an asylum with six hundred patients, there would be a medical board of at least twenty members,—and the number could be

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[\* The success attendant on the Belgian insane colony at Gheel, and the French one of Fitz James near Paris, is worthy of notice in this connection. The former has been so often described, that it is scarcely necessary to dwell on it here. The latter is in reality a large agricultural establishment, in which all the workers are lunatics. Throughout, there are no guards, no locks or bolts, no cells, no camisoles or other forms of mechanical restraint, all is open and free. Every kind of necessary farming implement is put into the hands of the colonists as they are called. M. Brierre de Boismont, himself the superintendent of an asylum, gives his testimony to the order and quiet that reigned even among the most highly maniacal patients. There were no cries, no indecent gestures, no quitting of work; contentment beamed on every face, and even for those suffering from dementia, it seemed as though liberty had brought back intelligence.]

increased as occasion required,—besides a dozen or more of young physicians living in the institution and carrying out the orders of their seniors.

The full details of such an organization might not possibly be carried out in their fullest extent, when asylums are placed as is often the case at a distance from large towns, but in these days of railways running through all parts of the country, even this fact need not be an unsurmountable obstacle. There is probably not one asylum in this state in which it could not be advantageously adopted.

I have said nothing in this paper relative to the peculiar methods of treatment adopted in too many of our asylums. As a rule, I believe these institutions are well conducted, and that there is a growing tendency in some of them to do away, as far as is at present deemed expedient, with certain forms of mechanical restraint which are contrary to the principles of sound psychological medicine. That some superintendents conduct their institutions upon a better system than others is of course to be expected, and that success is to a great extent due to the character of this system is very evident. For instance, we find that in one asylum—that at Raleigh, North Carolina—the proportion of restored patients to the admissions was 24.3 per cent.; of cures to the whole population only 4.9 per cent., while the deaths run up to 5.6 per cent. [\*]

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[\* These figures cannot be regarded as very astonishing when the fact is brought to mind that the asylum from which they are reported is the one presided over by the superintendent who, as stated (page 2), began as a lawyer, and, occupying various civil and military positions unconnected with medicine, finally "accepted" the position of superintendent of an insane asylum, intercurrently practicing medicine three years. When asylums are thus officered, the results will crop out in the statistics, as in this case.]



In another—that at Austin, Texas—of about the same size, and certainly not more advantageously situated as regards climate and other sanitary factors, the proportion of recoveries to the admissions reached 40.8 per cent., nearly double the other; of cures to the whole population, 23.5 per cent., nearly five times the rate of the other; while the deaths were but 3.02 per cent., or very little over half the proportion of the North Carolina institution. Certainly these differences mean something as regards bad management in the one case and good management in the other.

But I contend that the great and practically irresponsible power of the superintendents should be divided, and that it is demanding too much of human nature to expect that any one will exhibit only those good qualities of mind and singleness of purpose so essential to the proper management of the unfortunate beings under their charge. These are entitled to receive the best medical treatment which the highest skill can dictate. As it is now, many enter asylums, stay there months or years, and never see the superintendent, except, perhaps, as he gets into his carriage to pay a visit to some private patient.

Under the system I have recommended there would be resident physicians corresponding to the *internes* of other hospitals, and a staff of visiting physicians and surgeons, having the medical charge in rotation of the wards or sections into which the hospital might be divided, and visiting them every day at a fixed hour. Against such a system no valid objection can, I think, be urged.

Correct views in relation to the nature of insanity are of

quite recent origin, and are even yet not thoroughly well established. It was not many years since regarded as an affection of the soul, and as such, disgraceful to the unfortunate subject, who was shunned as one morally diseased, and as requiring spiritual instead of bodily treatment. As Dr. Forbes Winslow \* remarks, the effect of this was to induce medical men to sleep at the post of danger, and little, if anything, was done to crush the malady in its earlier stages. Medical skill was not therefore brought to bear on the disease till it was too late to adopt rigorous measures for its subjugation. This led to the belief in the incurability of the affection.

"Incipient insanity," he continues, provided it be not the result of severe physical injury to the head, or has not a congenital origin, or is not associated with a strong hereditary predisposition, yields as readily to treatment as incipient inflammation or any other ordinary disease with which we have daily to combat. It is established by the evidence of experienced men that nine cases of insanity out of ten, recover if placed under treatment within three months after the attack.

Dr. Woodward, of the Massachusetts State Hospital, says:

"It is not too much to assume that insanity in its incipient form, unconnected with such complications [apoplexy, palsy, general prostration of strength] is more curable than any other disease of equal severity—more likely to be cured than intermittent fever, pneumonia or rheumatism."

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\* On the Incubation of Insanity. Transactions of the Medical Society of London, 1846, p. 90.

My own experience, and that of many others who have given particular attention to this subject, abundantly supports these views. This, then, is the period, during which the care and attention of the family physician are more efficacious. How much better, therefore, by an early recognition of the malady, to give this care than to wait for the full development of the disease, and then, in a paroxysm of fear and indisposition to assume responsibility, hurry the unfortunate victim off to some lunatic asylum, many of which will not receive him unless with an obligation to stay a certain time (generally, I believe, three months) whether recovery ensues within that period or not.

Again, much must be done—and by none so well as physicians—to educate the people out of their horror and fear of the insane. Let them be made to understand that insanity is simply the manifestation of a diseased brain, to which every one is liable, so far as we know, and that no more disgrace attaches to the affection than to Bright's disease or pneumonia. Now, they are too much disposed to regard a lunatic as out of the pale of humanity, as a subject for ridicule and harshness which they would not dream of exhibiting toward a sufferer from any disorder with which they are familiar, or which they admit to be bodily in character. Hence this is another cause why, when insanity is recognized, the cry of asylum! is at once raised; so that what, with the erroneous views prevalent in the profession and the clamor of the populace, the insane person goes into captivity, though neither dangerous to himself or others, and able still to appreciate the charms of liberty, still to receive pleasure from the ministrations of those dear to him.

And now, Mr. President and gentlemen, thanking you for your kind attention, I must hasten to bring these desultory remarks to an end. If in what I have said I have succeeded in drawing your attention to a most important matter, my object will have been attained. I have only very imperfectly considered the many interesting points involved, but I think I have said nothing not warranted by the facts, and certainly I have gone no further in my expressions of disapproval of the present system of insane asylum management than many who, from the fact of their connection with such institutions, must be regarded as speaking *par-excellence* by the book. It is not to be expected that the existing current of thought will be arrested on the instant, or the present order of things overturned at once. Great reformations move slowly. But there is a growing and influential class of physicians who think with me in this matter, and they are already acting.

For myself I have in five years, of the large number of insane persons under my charge, sent, so far as I recollect, but one to a public asylum, and he was a general paralytic, who came from Canada to Concord, New Hampshire, to enter the asylum at that place, and whom I met there. This society can do much towards discussing the various points involved, and presenting the matter clearly before the profession and the public. Millions of dollars are annually spent in the construction of palaces for the insane. If it should appear as the result of investigation that not only are these unnecessary but that the unfortunate individuals destined for them would be better treated in ordinary dwellings than by being incarcerated within the walls

of these huge structures, a point of some importance will have been established, for which both patient and taxpayer will have reason to be thankful.

And there is another question which I would submit to this learned body, and that is : How far is the State justified, except in the cases of paupers and criminals, in going into the practice of psychological medicine? What more has it to do with the therapeutics of insanity than with the treatment of any other disease? And yet the great State of New York has established a lunatic asylum and gravely ordered that one exclusive system of medical practice shall prevail therein. This is a gross and standing insult to science, and one against which this representative association should energetically protest. There has been no remonstrance from any other quarter, but it seems to me that the law providing that the homœopathic system of medical practice shall alone be employed in the asylum at Middletown is a matter of social economy worthy only of the dark ages, and worse, to my mind, than providing by law for the celebration of the offices of religion, for lunatics, according to the tenets of some one sect to the exclusion of all the others. No matter what may be the belief of a patient in regard to homœopathy, if he goes to Middletown he must be treated according to this system. We have no established church in the State of New York, but she alone of all the sovereignties of the world has an established system of medical practice to which any one of us may, at some time or other of his life, be required to conform. The State has nothing to do with systems of medical practice, and the school that has to have its therapeutics enforced by law

disgraces itself in the act. Truth requires no such support.

Mr. President and gentlemen, as I bring this address to a close, an invitation to be present and to speak at a meeting in Boston reaches me. The call is headed "Protection for the Insane," and it is signed by the honored names of Bowditch, Humphreys Storer, Minot and Shattuck in our own profession, and by those of Longfellow, Whittier, Everett Hale, Phillips Brooks, and others as eminent among the laity. Is it not the place of the medical profession to take the lead in this matter, and by so forming and guiding public opinion bring about those results which in some way or other are sure to come?

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NOTE.—Since this paper has been put in type a joint committee of the North Carolina Legislature has reported that :

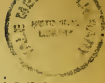
" They feel bound to declare it as their conviction that the Asylum has not been managed with that care and economy which the State had a right to expect. They do not hesitate to express the opinion that the judicious management of his own affairs by a prudent business man, applied to this institution would have saved thousands of dollars to the State. Unquestionably there has been loose management and waste of money. This has been partly owing to the defects of the present law. Partly to the fact that the superintendent, the matron, the steward, and the engineer all have been in the habit of making purchases."

The Committee then goes on to declare that the superintendent "has no well developed idea of economy," and therefore being of the opinion "that it is necessary to re-organize and turn over a new leaf," a bill is reported legislating him out of office.

It is to be hoped the bill will pass, and that the State will be thus rid of an Insane Asylum Superintendent, whose scientific qualifications are no better developed than his financial and economical ideas.







# Neurological Contributions

BY

WILLIAM A. HAMMOND, M.D.,

PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM  
IN THE UNIVERSITY OF NEW YORK, ETC.

ASSISTED BY

W. J. MORTON, M.D.

ASSISTANT TO THE CHAIR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE  
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